MONTH _____

LOCAL AREA _____

Name	SSN	Economically Disadvantaged?	Enrollment Date	Exit Date

- **List every youth participant enrolled in WIA.**
- **Include all youth (both Economically Disadvantaged and Non-Economically Disadvantaged) who are carried over from one program year to the next year.**
- **No equals Non-Economically Disadvantaged (5%) Youth. Was determined eligible using the 5% Window + one of the identified 5% barriers.**
- **Yes equals income eligible Economically Disadvantaged Youth.**
- **Non-Economically Disadvantaged Youth enrollments cannot exceed 5% of total youth enrollments monthly.**
- **Exited youth participants will count in the ratio for the month of exit.**

Number of Non-Economically Disadvantaged (5%)Youth Enrolled

Divided By   Total Number of Youth Enrolled   Equals %